

FILED DEC 15 '16 AM 11:33 USBC-CBO

Fill in this information to identify the case:

Debtor name The Benefit Corner, LLC

United States Bankruptcy Court for the Middle District of North Carolina

(State)

Case number (If known): 16-11027

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**

Copy line 88 from Schedule A/B.....

\$ 47,044.15

1b. **Total personal property:**

Copy line 91A from Schedule A/B.....

\$ Unknown

1c. **Total of all property:**

Copy line 92 from Schedule A/B.....

\$47,044.15

Part 2: Summary of Liabilities2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$ 365,594.50

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$ 0

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$ 1,627,055.05

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$
1,992,649.55

Fill in this information to identify the case:

Debtor name The Benefit Corner, LLC

United States Bankruptcy Court for the: MIDDLE District of North Carolina (State)

Case number (If known): 16-11027

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	_____	\$ _____
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. Brooks Pierce Trust Account _____	\$20,452.16 _____
4.2. Trustee Everett Saslow _____	\$19,045.33 _____

5. Total of Part 1

\$39,497.49 _____

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Lease Deposit - Boyd II Greensboro _____	\$7,546.66 _____
7.2. _____	\$ _____

Debtor The Benefit Corner, LLC
NameCase number (if known) 16-11027**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. _____ \$ 0 _____

8.2. _____ \$ 0 _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 7,546.66

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.☐ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts receivable**11a. 90 days old or less: Unknown Insurance Commissions - _____ = →
face amount doubtful or uncollectible accounts

\$ Unknown _____

11b. Over 90 days old: _____ - _____ = →
face amount doubtful or uncollectible accounts

\$ _____

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ Unknown _____

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method
used for current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

The Benefit Corner, LLC

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Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	MM / DD / YYYY	\$		\$
20. Work in progress	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$		\$
22. Other inventory or supplies	MM / DD / YYYY	\$		\$
23. Total of Part 5				\$

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

Debtor The Benefit Corner, LLC
NameCase number (if known) 16-11027**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7?☐ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes

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Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor

The Benefit Corner, LLC
Name

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Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$Unknown	_____	\$ Unknown
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ Unknown

Debtor

The Benefit Corner, LLC
Name

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____	Total face amount	—	doubtful or uncollectible amount	= →	\$ _____
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72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year	_____	\$ _____
_____	Tax year	_____	\$ _____
_____	Tax year	_____	\$ _____

73. Interests in insurance policies or annuities

_____	\$ _____
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74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim

Amount requested \$ _____

\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim

Amount requested \$ _____

\$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

The Benefit Corner, LLC

Name

Case number (if known)

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$39,497.49	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$7,546.66	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$Unknown	
83. Investments. <i>Copy line 17, Part 4.</i>	\$	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$Unknown	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 47,044.15	+ 91b. \$ Unknown
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 47,044.15

Fill in this information to identify the case:

Debtor name The Benefit Corner, LLC
 United States Bankruptcy Court for the: Middle District of North Carolina (State)
 Case number (If known): 16-11027

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

<p>2.1 Creditor's name Fox Capital</p> <p>Creditor's mailing address 242 W. 36th Street 14th Floor New York, NY 10018</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 11/30/15</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Insurance Commissions \$70,273.00 \$Unknown Future Commission</p> <p>Describe the lien Access to the company checking account</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>
<p>2.2 Creditor's name Forward Financing</p> <p>Creditor's mailing address 36 Bromfield Street 2nd Floor Boston, MA 02108</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 12/10/15</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien Insurance Commissions \$45,321.50 \$Unknown Commissions</p> <p>Describe the lien Access to company checking account</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>
<p>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$365,594.50</p>	

Fill in this information to identify the case:

Debtor The Benefit Corner, LLC
 United States Bankruptcy Court for the: Middle District of North Carolina (State)
 Case number 16-11027
 (If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
2.2 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
2.3 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**Part 1. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Debtor The Benefit Corner, LLC
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address _____ Brandon Adams _____ 108 Tortuga Bay Dr _____ St Augustine FL 32092 _____ Date or dates debt was incurred <u>7/22/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>40,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.2 Nonpriority creditor's name and mailing address _____ American Express _____ P.O. Box 1270 _____ Newark, NJ 07101 _____ Date or dates debt was incurred <u>4/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>5,631.33</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.3 Nonpriority creditor's name and mailing address _____ American Express _____ P.O. Box 1270 _____ Newark, NJ 07101 _____ Date or dates debt was incurred <u>7/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>31,160.58</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.4 Nonpriority creditor's name and mailing address _____ Regina Atencio _____ 420 Oak Meadow Lane _____ San Antonio, TX 78253 _____ Date or dates debt was incurred <u>7/15/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>4,666.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commissions Owed</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.5 Nonpriority creditor's name and mailing address _____ Amer Awad _____ 224 A Bullsboro Drive _____ Newnan, GA 30263 _____ Date or dates debt was incurred <u>7/15/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>1,090.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commissions Owed</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address _____ Clyde Bailey _____ 11703 Huebner Rd. #106-300 _____ San Antonio TX 78230 _____ Date or dates debt was incurred <u>7/15/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>425.84</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commissions Owed</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

\$3,888.17

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Brian Barto

107 Massie Dr

Winchester, VA 22602

Basis for the claim: Commissions Owed**Date or dates debt was incurred** 7/15/16**Is the claim subject to offset?****Last 4 digits of account number** _____

- ☐ No
☐ Yes

3.8 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

\$1,906.49

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Danny Bates

123 Schultz Lane

Rockingham, NC 28379

Basis for the claim: Commissions Owed**Date or dates debt was incurred** 7/15/16**Is the claim subject to offset?****Last 4 digits of account number** _____

- ☐ No
☐ Yes

3.9 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

\$2,086.01

- ☐ Contingent
☐ Unliquidated
☐ Disputed

David Becker

2022 Live Oak Street

San Angelo, TX 76901

Basis for the claim: Commissions Owed**Date or dates debt was incurred** 7/15/16**Is the claim subject to offset?****Last 4 digits of account number** _____

- ☐ No
☐ Yes

3.10 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

\$ 58.51

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Vinit Bhatia

109 Bryce Meadow Dr. Holly

Springs, NC 27540

Basis for the claim: Commissions Owed**Date or dates debt was incurred** 7/15/16**Is the claim subject to offset?****Last 4 digits of account number** _____

- ☐ No
☐ Yes

3.11 Nonpriority creditor's name and mailing address**As of the petition filing date, the claim is:**

Check all that apply.

\$22,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Don Brashears

293 Seabrook Drive

Hilton Head, SC 29926

Basis for the claim: Loan**Date or dates debt was incurred** 7/29/15**Is the claim subject to offset?****Last 4 digits of account number** _____

- ☐ No
☐ Yes

Debtor The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.12 Nonpriority creditor's name and mailing address

Bank of America,

P.O. Box 15019, Wilmington, DE 19850

Date or dates debt was incurred

12/23/15

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$17,965.00

Basis for the claim: Legal Services

Is the claim subject to offset?

- ☐ No
☐ Yes

3.13 Nonpriority creditor's name and mailing address

Brooks Pierce

PO Box 26032

Greensboro, NC 27420

Date or dates debt was incurred

12/23/15

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$153,618.20

Basis for the claim: Legal Services

Is the claim subject to offset?

- ☐ No
☐ Yes

3.14 Nonpriority creditor's name and mailing address

Aman Chandrani

2156 34 St. South

St Petersburg, FL 33711

Date or dates debt was incurred

7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$759.80

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.15 Nonpriority creditor's name and mailing address

Chase Bank,

P.O. Box 1423,

Charlotte, NC 28201

Date or dates debt was incurred

4/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$21,838.00

Basis for the claim: Credit Card

Is the claim subject to offset?

- ☐ No
☐ Yes

3.16 Nonpriority creditor's name and mailing address

Carl Curry

900 E Main St. Ste. A

Laurens SC 29360

Date or dates debt was incurred

7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,548.07

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.17 Nonpriority creditor's name and mailing address

Scott Curtis,

951 Ben Black Road,

Midland, NC 28107

Date or dates debt was incurred

9/1/15

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$240,000.00

Basis for the claim: Loans

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor The Benefit Corner, LLC
Name

Case number (if known) 16-11027

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.18 Nonpriority creditor's name and mailing address

Paul Davis

2904 Halifax Rd.

South Boston VA 24592

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☐ Liquidated and neither contingent nor disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes

\$ 908.48

3.19 Nonpriority creditor's name and mailing address

Denise Davis

907 Oak Street

Jourdanton TX 78026

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes

\$730.29

3.20 Nonpriority creditor's name and mailing address

Eulalio Diaz

121 W Main St Suite B

Uvalde TX 78801

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes

\$13,955.12

3.21 Nonpriority creditor's name and mailing address

Ryan Dodson

3576 Summerfield Lane

Winston-Salem NC 27106

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes

\$2,969.74

3.22 Nonpriority creditor's name and mailing address

Linda Dunlap

259 Putnam Church Rd.

Carthage NC 28327

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes

\$1,428.45

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.23 Nonpriority creditor's name and mailing address

Eric Elder

717 N Slappey Blvd. Ste. B

Albany GA 31701

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,030.26

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.24 Nonpriority creditor's name and mailing address

Deric Felts

1911 Pennsylvania Ave.

Kannapolis NC 28083

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,772.05

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.25 Nonpriority creditor's name and mailing address

Fulton Bank,

One Penn Square,

Lancaster, PA 17601

Date or dates debt was incurred 4/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$16,503.00

Basis for the claim: Credit Card

Is the claim subject to offset?

- ☐ No
☐ Yes

3.26 Nonpriority creditor's name and mailing address

Catherine Garcia

12117 Armenia Gables Circle

Tampa FL 33612

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,300.68

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.27 Nonpriority creditor's name and mailing address

Gail Graves

4411 Gate City Blvd #105

Greensboro NC 27407

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$8,970.12

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.28 Nonpriority creditor's name and mailing address

Bill Griswold

2219 Boulevard

Colonial Heights VA 23834

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,011.20

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

Amount of claim

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

3.29 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.30 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.31 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.32 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.33 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

Debtor The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.29 Nonpriority creditor's name and mailing address

Michael Guerra,
3535 S Memorial Drive,
Greenville, NC 2783

Date or dates debt was incurred 11/20/15
Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$20,000.00

Basis for the claim: Loan

Is the claim subject to

- ☐ No
☒ Yes

3.30 Nonpriority creditor's name and mailing address

Michael Guerra,
3535 S Memorial Drive,
Greenville, NC 2783

Date or dates debt was incurred 7/15/16
Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 14,039.91

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.31 Nonpriority creditor's name and mailing address

Hawaiian Airlines Bank,
3375 Koapaka Street,
Honolulu, HI 96819

Date or dates debt was incurred 4/16
Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$15,369.73

Basis for the claim: Credit Card

Is the claim subject to offset?

- ☐ No
☐ Yes

3.32 Nonpriority creditor's name and mailing address

Ed Hepler
5073 Newpark Dr.
Acworth GA 30101

Date or dates debt was incurred 7/15/16
Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$726.26

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.33 Nonpriority creditor's name and mailing address

Bill Hillman
1921 E Broad St.
Statesville NC 28625

Date or dates debt was incurred 7/15/16
Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$5,582.68

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.34 Nonpriority creditor's name and mailing address

Michael Holmes
410 Woodway Forest
San Antonio TX 78216

Date or dates debt was incurred 7/15/16
Last 4 digits of account number

As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$546.64

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.35 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.36 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.37 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.38 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.39 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.35 Nonpriority creditor's name and mailing address

Dakara Huffman

866 Tall Deer Drive

Fairburn GA 30213

Date or dates debt was incurred

7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$1,576.51

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes**3.36 Nonpriority creditor's name and mailing address**

Jennifer Hursey

5020 Ferrell Pkwy #205-153

Virginia Beach VA 23464

Date or dates debt was incurred

7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$636.00

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes**3.37 Nonpriority creditor's name and mailing address**

JC Squared,

7925 Black Cherry Court,

Harrisburg, NC 28075

Date or dates debt was incurred

3/26/15

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$175,000.00

Basis for the claim: Loan

Is the claim subject to offset?

☐ No☐ Yes**3.38 Nonpriority creditor's name and mailing address**

Kabbage,

925B Peachtree Street NE #1688,

Atlanta, GA 30309

Date or dates debt was incurred

3/2/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$16,083.30

Basis for the claim: Loan

Is the claim subject to offset?

☐ No☐ Yes**3.39 Nonpriority creditor's name and mailing address**

Brian Kutayiah

188 Hempstead Ave

Lynbrook NY 11563

Date or dates debt was incurred

7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$720.38

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes**3.40 Nonpriority creditor's name and mailing address**

Scott Kirk

1332 North Main St.

Fort Worth TX 76164

Date or dates debt was incurred

7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$47,901.60

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.41 Nonpriority creditor's name and mailing address

Chris Landis

5620 Concord PKWY South Suite 203

Concord NC 28027

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

\$42,678.15

3.42 Nonpriority creditor's name and mailing address

Chris Landis, 5620 Concord Parkway South Suite 203,

Concord, NC 28027

Date or dates debt was incurred 3/9/15

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Loan

Is the claim subject to offset?

- ☐ No
☐ Yes

\$25,000.00

3.43 Nonpriority creditor's name and mailing address

Seung Lee

3921 Apache Trail

Antioch TN 37013

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 4,295.91

3.44 Nonpriority creditor's name and mailing address

Ralph Lowther

3396 Hwy. 101 N.

Rockmart GA 30153

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

\$1,037.80

3.45 Nonpriority creditor's name and mailing address

Meghan Martz

177 Poplar Drive

Morgantown WV 26505

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

\$483.20

Debtor The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.46 Nonpriority creditor's name and mailing address

Teena Mermans

332 Tindal Rd.

Pelion SC 29123

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$384.00

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes**3.47 Nonpriority creditor's name and mailing address**

Mike Morrell

4510 Sugartree Drive W

Lakeland FL 33813

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$12,232.85

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes**3.48 Nonpriority creditor's name and mailing address**

Eugene Nadeau

6 Rock Island Circle

Wichita Falls TX 76308

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$539.03

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes**3.49 Nonpriority creditor's name and mailing address**

Dean Norton

2532 Nashville HWY

Columbia TN 38401

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$540.00

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes**3.50 Nonpriority creditor's name and mailing address**

Steve Oaks,

63 Starboard Court,

Ridgeley, WV 26753

Date or dates debt was incurred 6/1/15

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$10,000.00

Basis for the claim: Loan

Is the claim subject to offset?

☐ No☐ Yes**3.51 Nonpriority creditor's name and mailing address**

Nicole Ossenfort

4161 Augusta Drive

Rapid City SD 57703

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$2,353.42

Basis for the claim: Commissions Owed

Is the claim subject to offset?

☐ No☐ Yes

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.52 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.53 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.54 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.55 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.56 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

Debtor The Benefit Corner, LLC
Name _____Case number (if known) 16-11027**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.52 Nonpriority creditor's name and mailing address

Joanna Parichkov

235 W Brandon Blvd #175

Brandon FL 33511

Date or dates debt was incurred 7/15/16

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$1,587.23

Basis for the claim: Commissions Owed _____

Is the claim subject to offset?

☐ No☐ Yes**3.53 Nonpriority creditor's name and mailing address**

PNC Bank,

300 Fifth Avenue, The Tower at PNC Plaza,

Pittsburgh, PA 1522

Date or dates debt was incurred 4/16

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$7,776.22

Basis for the claim: Credit Card _____

Is the claim subject to offset?

☐ No☐ Yes**3.54 Nonpriority creditor's name and mailing address**

Reed Prevatte

806 Granville Dr.

Winston-Salem NC 27101

Date or dates debt was incurred 7/15/16

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$4,521.54

Basis for the claim: Commissions Owed _____

Is the claim subject to offset?

☐ No☐ Yes**3.55 Nonpriority creditor's name and mailing address**

Dennis Pryor

391 S Wheeler

Jasper TX 75951

Date or dates debt was incurred 7/15/16

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$58,673.11

Basis for the claim: Commissions Owed _____

Is the claim subject to offset?

☐ No☐ Yes**3.56 Nonpriority creditor's name and mailing address**

Dennis Pryor

391 S Wheeler

Jasper TX 75951

Date or dates debt was incurred 10/7/15

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$100,000.00

Basis for the claim: Loan _____

Is the claim subject to offset?

☐ No☐ Yes**3.57 Nonpriority creditor's name and mailing address**

K Redding

3801 Plank Road Suite B

Fredericksburg VA 22407

Date or dates debt was incurred 7/15/16

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

\$359.60

Basis for the claim: Commissions Owed _____

Is the claim subject to offset?

☐ No☐ Yes

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.58 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.59 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.60 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.61 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3.62 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

Debtor The Benefit Corner, LLC

Case number (if known)

16-11027

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.58	Nonpriority creditor's name and mailing address Carrolle Ryan 10733 Footprint Lane Port Richey FL 34668 Date or dates debt was incurred 7/15/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commissions Owed Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ 1,979.54
3.59	Nonpriority creditor's name and mailing address David Schuck 2606 Phoenix Drive Suite 408 Greensboro NC 27406 Date or dates debt was incurred 7/15/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commissions Owed Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$13,798.87
3.60	Nonpriority creditor's name and mailing address Smith Leonard, 4035 Premier Drive #300, High Point, NC 27265 Date or dates debt was incurred 6/29/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accounting Services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$35,000.00
3.61	Nonpriority creditor's name and mailing address Teresa Small, 695 Sleepy Hollow Road, Midland, NC 28107 Date or dates debt was incurred 5/14/15 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$50,000.00
3.62	Nonpriority creditor's name and mailing address Melanie Soles, 7 St. Augustine Square, Greensboro, NC 27408 Date or dates debt was incurred 12/18/15 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$200,000.00
3.63	Nonpriority creditor's name and mailing address Kay Gergel 7011 Edenderry Drive Charlotte NC 28270 39497.49 Date or dates debt was incurred 7/15/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commissions Owed Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$5,877.20

Debtor The Benefit Corner, LLC
Name

Case number (if known)

16-11027

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.64 Nonpriority creditor's name and mailing address

Mary Stephenson

117 N. Myrtle School Road Suite 120

Gastonia NC 28052

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$3,651.59

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.65 Nonpriority creditor's name and mailing address

Will Sumpter

3439 Spencer Heights Pl.

Lenoir NC 28645

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$812.41

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.66 Nonpriority creditor's name and mailing address

Karen Swicegood

256 Lakeview Road

Mocksville NC 27028

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$13,128.74

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.67 Nonpriority creditor's name and mailing address

Mike Thompson

4215 70th St. Cir E

Palmetto FL 34221

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,104.64

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.68 Nonpriority creditor's name and mailing address

Jerel Tomasello

23110 State Road 54 #325

Lutz FL 33549

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$86.94

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor The Benefit Corner, LLC

Case number (if known)

16-11027

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.69	Nonpriority creditor's name and mailing address Sara VanGraefschep 3130 Saint Bury Ct Rapid City SD 57703 Date or dates debt was incurred 7/15/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commissions Owed Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$1,058.40
3.70	Nonpriority creditor's name and mailing address Antonio and Susie Vargas, 60-63 Myrtle Ave, Ridgewood, NY 11385 Date or dates debt was incurred 9/22/15 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$50,000.00
3.71	Nonpriority creditor's name and mailing address Grace White 1532 Dittmer Circle SE. Palm Bay FL 32909 Date or dates debt was incurred 7/15/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commissions Owed Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$3,299.95
3.72	Nonpriority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$
3.73	Nonpriority creditor's name and mailing address Bryan Williams 97 Chestnut Oak Court Front Royal VA 22630 Date or dates debt was incurred 7/15/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commissions Owed Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$425.60
3.74	Nonpriority creditor's name and mailing address Mark Williams 123 S. Herlong Ave. Rock Hill SC 29732 Date or dates debt was incurred 7/15/16 Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Commissions Owed Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$5,011.52

16-11027

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.75 Nonpriority creditor's name and mailing address

Mark Williams,

123 S Herlong Ave,

Rock Hill, SC 2973

Date or dates debt was incurred 6/29/15

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

\$90,000.00

Basis for the claim: Loan

Is the claim subject to offset?

- ☐ No
☐ Yes

3.76 Nonpriority creditor's name and mailing address

Chris Wulforst

476 Inman Road

Inman SC 29349

Date or dates debt was incurred 7/15/16

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$683.83

Basis for the claim: Commissions Owed

Is the claim subject to offset?

- ☐ No
☐ Yes

3.77 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.78 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.79 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**Part 3:****List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 0

5b. Total claims from Part 2

5b. + \$1,627,055.05

5c. Total of Parts 1 and 2

5c.

Lines 5a + 5b = 5c.

\$1,627,055.05

Fill in this information to identify the case:

Debtor name The Benefit Corner, LLC

United States Bankruptcy Court for the Middle District of North Carolina (State)

Case number (if known): 16-11027 Chapter

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Office Lease	Boyd Greensboro II GSA, LLC 500 W. Monroe St. Suite 3850 Chicago, IL 60661-3798
	State the term remaining	9/30/20	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name The Benefit Corner, LLC

United States Bankruptcy Court for the Middle District of North Carolina

(State)

Case number (if known): 16-11027

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Brandon C Adams	108 Tortuga Bay Drive St. Augustine, FL 32092	Messer Financial Melanie Soles Forward Financial	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 James R Hill Jr	7 St Augustine Square Greensboro, NC 27408	Messer Financial Fox Capital Melanie Soles	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Scott T Curtis	951 Ben Black Road Midland, NC 28107	Messer Financial	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Jerry Todd Swicegood	256 Lakeview Mocksville, NC 27028	Messer Financial	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name The Benefit Corner, LLC
 United States Bankruptcy Court for the: Middle District of NC
 (State)
 Case number (if known): 16-11027

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date: From 01/01/2016 to Filing date
 MM/DD/YYYY

For prior year: From 01/01/2015 to 12/31/2015
 MM/DD/YYYY MM/DD/YYYY

For the year before that: From 07/17/2014 to 12/31/2014
 MM/DD/YYYY MM/DD/YYYY

Sources of revenue
 Check all that apply

☐ Operating a business
☐ Other _____

☐ Operating a business
☐ Other _____

☐ Operating a business
☐ Other _____

Gross revenue
 (before deductions and exclusions)

\$ 659,400.77

\$ 1,028,622.36

\$ 0

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

From the beginning of the fiscal year to filing date: From _____ to Filing date
 MM/DD/YYYY

For prior year: From _____ to _____
 MM/DD/YYYY MM/DD/YYYY

For the year before that: From _____ to _____
 MM/DD/YYYY MM/DD/YYYY

Description of sources of revenue

Gross revenue from each source
 (before deductions and exclusions)

\$ 0

\$ 0

\$ 0

Debtor The Benefit Corner, LLC
NameCase number (if known) 16-11027**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Fox Financial Creditor's name 242 W. 36th Street 14th Floor Street New York, NY 10018 City State ZIP Code	Daily 6/29/16- 7/29/16	\$ 14,279	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Kabbage Creditor's name 925B Peachtree Street NE #1688 Street Atlanta GA City State ZIP Code	6/30/16; 8/1/16	\$ 7,166.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

See Attached List of Additional Creditors

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Brandon Adams Insider's name 108 Tortuga Bay Drive Street St Augustine FL 32092 City State ZIP Code	1/15/16-7/15/16 10/7/16-3/29/16 12/31/16-5/16/16	\$ 58,000.00 \$38,500.00 \$3,737.11	Salary Partners Guaranteed Payments Expense Reimbursement
Relationship to debtor President & Co-Owner			
4.2. Scott Curtis Insider's name 951 Ben Black Road Street Midland NC 28107 City State ZIP Code	6/1/15-7/29/16 11/16/15	\$ 20,000.00 \$1,572.75	Partners Guaranteed Payments Expense Reimbursement
Relationship to debtor Co-Owner			

See Attached List of Additional Payments or Transfers

The Benefit Corner, LLC Case # 16-11027

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3.3	Forward Financing 36 Bromfield St. Boston, MA 02108	6/29/16-7/29/16	\$11,078.54	Loan Payments
4.3	James R Hill, Jr 7 St Augustine Square Greensboro, NC 27408	9/29/15-9/29/16 3/31/16-7/15/16	\$185,160.70 \$28,000.00	Expense Reimbursements Salary
4.4	Jerry Todd Swicegood 256 Lakeview Mocksville, NC 27028	2/17/15-7/6/16 4/24/15-11/3/16	\$52,554.68 \$42,500.00	Commissions Partner Guaranteed Payment

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

16-11027

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Storr Creditor's name 10800 World Trade Blvd Street Raleigh NC 27617 City State ZIP Code	Office Furniture	8/31/2016	\$ 14,000
5.2.	Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	Case number		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Case title		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor

Name

The Bene Fit Corner, LLC

Case number (if known)

16-11027

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address

Description of the property

Value

\$

Custodian's name

Case title

Court name and address

Street

Name

City

State

ZIP Code

Case number

Street

Date of order or assignment

City

State

ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

9.1. Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

9.2. Recipient's name

Street

City

State

ZIP Code

Recipient's relationship to debtor

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Date of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

\$

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ Address _____ Street _____ City _____ State _____ ZIP Code _____ Email or website address _____ Who made the payment, if not debtor? _____	_____	_____	\$ _____

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address _____ Street _____ City _____ State _____ ZIP Code _____ Email or website address _____ Who made the payment, if not debtor? _____	_____	_____	\$ _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee _____	_____		

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16 11027**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____ Address _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	_____	\$ _____
13.2. _____ Address _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	_____	\$ _____

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy
14.1. _____ Street 4411 Gate City Blvd #105 Greensboro NC 27407 City State ZIP Code	From <u>7/1/2014</u> To <u>10/1/2015</u>
14.2. _____ Street _____ City State ZIP Code	From _____ To _____

Debtor

The Benefit Corner, LLC

Case number (if known)

16-11027

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.		
Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply:
		<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper
Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2.		
Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply:
		<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained. Insurance applications

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor

The Benefit Corner, LLC

Case number (if known)

16-11027

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name Street City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$ _____
18.2.	Name Street City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code			<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address _____ _____		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code			<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address _____ _____		

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City	State	ZIP Code	

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City	State	<input type="checkbox"/> Concluded
	ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City	City	State	ZIP Code
State	State	ZIP Code	

Debtor

The Benefit Corner, LLC
Name

Case number (if known)

16-11027

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____
25.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____
25.3.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	_____ _____ _____

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

From 8/1/2015 To 8/15/201626a.1. Tiffany PuliceName 1169 Mallard Landing Blvd

Street

ClemmonsNC27012

City

State

ZIP Code

Name and address

Dates of service

From _____ To _____

26a.2.

Name

Street

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

From 6/1/15 To 8/15/1626b.1. Smith Leonard

Name

4035 Premier Drive Suite 300

Street

High PointNC27265

City

State

ZIP Code

Name and address

Dates of service

From _____ To _____

26b.2.

Name

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

James R Hill Jr

Name

7 St Augustine Square

Street

GreensboroNC27408

City

State

ZIP Code

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027**Name and address**

If any books of account and records are unavailable, explain why

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None
Name and address

26d.1.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor

Name

The Benefit Corner, LLC

Case number (if known)

16-11027

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Brandon Adams</u>	<u>108 Tortuga Bay Drive, St Augustine, FL 32092</u>	<u>President & CEO</u>	<u>18.25</u>
<u>Scott Curtis</u>	<u>951 Ben Black Road, Midland, NC 28107</u>	<u>Director of Franchisees</u>	<u>18.25</u>
<u>James R Hill Jr</u>	<u>7 St Augustine Square, Greensboro, NC 27408</u>	<u>Chief Marketing Officer</u>	<u>18.25</u>
<u>Roy Messer</u>	<u>4301 Morris Park Drive, Mint Hill, NC 28227</u>	<u>Part Owner</u>	<u>6</u>
<u>William Rice</u>	<u>4301 Morris Park Drive, Mint Hill, NC 28227</u>	<u>Part Owner</u>	<u>6</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<u>Jerry Todd Swicegood</u>	<u>256 Lakeview, Mocksville, NC 27028</u>	<u>Chief Marketing Officer</u>	From <u>7/14</u> To <u>12/15</u>
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____	_____	_____	_____
Street _____	_____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____	_____
Relationship to debtor _____	_____	_____	_____

Debtor

The Benefix Corner, LLC
Name

Case number (if known) 16-11027

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____ - _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____ - _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

12/15/2016
MM / DD / YYYY

x

James R Hill, Jr.

Signature of individual signing on behalf of the debtor

Printed name

James R Hill, Jr.

Position or relationship to debtor

Part Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☐ No☒ Yes